

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

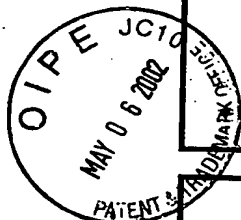
Attorney Docket No. **H0649/7001**

First Named Inventor or Application Identifier

Andrew Sternlicht

Express Mail Label No. **EL844514227US**

Date of Deposit **February 4, 2002**



APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification - Total pages
36 - pages description
1 - pages abstract
9 - pages claims 66 Total claims
4. ☒ Drawing(s) (35 USC 113) - 41 Total sheets
☒ Informal ☐ Formal - Figs. 1-29 Total drawings
5. ☐ Oath or Declaration - Total pages
a. ☐ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 19 completed)
(Note Box 6 below)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Incorporation by Reference
(usable if Box 5b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. See 19.
7. ☒ Application Data Sheet, See 37 CFR 1.76

ADDRESS TO: Box Patent Application
Commissioner for Patents
Washington, DC 20231

8. ☐ CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix)
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary):
a. ☐ Computer Readable Form (CRF)
b. ☐ Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper (identical to computer copy)
c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Assignment Papers/cover sheet & documents(s)
11. ☐ 37 CFR 3.73(b) Statement
(when there is an assignee)
☐ Power of Attorney
12. ☐ English Translation of Document (if applicable)
13. ☐ Information Disclosure Statement/PTO-1449
☐ Copies of IDS Citations
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
16. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
17. ☒ Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii)
18. ☐ Other:

19. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the body of the application, or a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____, filed on _____, entitled _____ and now _____.

☐ Cancel in this application claims _____ before calculating the filing fee.

☒ Amend the specification by inserting before the first line of the specification on page 1, after the title, the following:

--This application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____, filed on _____, entitled _____ and now _____.

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

20. CORRESPONDENCE ADDRESS

Correspondence address below

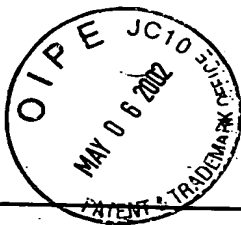
CUSTOMER NUMBER:



23628

OR

| | | | | | |
|---|------------------------------------|-----------|----------------|-----|----------------|
| ATTORNEY'S NAME | Carole A. Boelitz, Reg. No. 48,958 | | | | |
| FIRM NAME | Wolf, Greenfield & Sacks, P.C. | | | | |
| ADDRESS | 600 Atlantic Avenue | | | | |
| CITY | Boston | STATE | MA | ZIP | 02210 |
| COUNTRY | USA | TELEPHONE | (617) 720-3500 | FAX | (617) 720-2441 |
| 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | | |
| NAME | Carole A. Boelitz, Reg. No. 48,958 | | | | |
| SIGNATURE | <i>Carole A. Boelitz</i> | | | | |
| DATE | 4 Feb 2000 | | | | |



Attorney Docket No.: H0649/7001/CAB

**REQUEST AND CERTIFICATION
UNDER
35 U.S.C. 122(b)(2)(B)(ii)**

| | | |
|----------------------|--|-------------------|
| First Named Inventor | | Andrew Sternlicht |
| Title | System, Method, and Computer Program Product for Medical Treatment | |
| Attorney Docket No. | | H0649/7001 |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

Feb. 4, 2002
Date

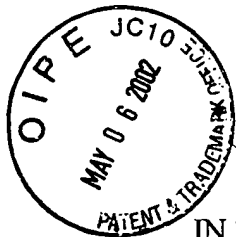
Carol A Boelitz
Signature

Carol A Boelitz
Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

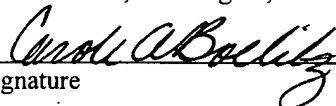


ATTORNEY'S DOCKET NO: **H0649/7001 RJP/CAB**
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andrew Sternlicht
Serial No: 10/067,087
Confirmation No.: 7590
Filed: February 4, 2002
For: SYSTEM, METHOD, AND COMPUTER PROGRAM
PRODUCT FOR MEDICAL TREATMENT
Examiner: Not yet assigned
Art Unit: Not yet assigned

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Box Missing Parts, Commissioner for Patents, Washington, D.C. 20231, on May 1, 2002.


Signature

Box Missing Parts
Commissioner for Patents
Washington, D.C. 20231

Sir:


LETTER TO OFFICIAL DRAFTSPERSON

In response to the Notice of Missing Parts, enclosed for filing is one new sheet of informal drawings, Figure 28B, for the above-referenced patent application.

Enclosed is a photocopy of Fig. 28B for the above-referenced patent application with proposed drawing corrections shown in red ink. In Figure 28B, please add a title to the drawing of "Fig. 28B." Approval of these proposed drawing corrections is respectfully requested.

The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 23-2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By: 
Carole A. Boelitz, Reg. No. 48958
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA 02210
Telephone (617) 720-3500

Docket No. H0649/7001
Dated: May 1, 2002
x05/1/02

COPY AS FILED

Serial No. not yet Assigned File No. H0649/7001 By: RJP/CAB/sq
Title: System, Method, and Computer Program Product
Application of Andrew Sterenlicht WGS Date: 2/4/02

The U.S. PTO Mail Room acknowledges receipt of the following on the date stamped hereon:

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> Mailing by Express Mail (37 CFR 1.10) Express Mail Label No. <u>EL844514227US</u></p> <p><input checked="" type="checkbox"/> Patent Application</p> <p><input checked="" type="checkbox"/> Non-provisional <input type="checkbox"/> Provisional Incl. <u>46</u> pages, (<u>3</u> pgs) Specification, (<u>9</u> pgs) Abstract, (<u>9</u> pgs) Claims (<u>66</u> # claims)</p> <p><input type="checkbox"/> Design Patent Application</p> <p><input type="checkbox"/> Declaration(s)</p> <p><input checked="" type="checkbox"/> Drawings <u>41</u> Sheet(s) (FIGS. <u>1-29</u>) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal</p> <p><input checked="" type="checkbox"/> Utility Patent Application Transmittal</p> <p>Fee calculation sheet (x2)</p> <p>CPA Transmittal</p> <p>Verified Statement claiming small entity status</p> <p>Assignment and Cover Sheet</p> | <p><input type="checkbox"/> Provisional Application Cover Sheet</p> <p><input type="checkbox"/> Multiple Dependent Claim Fee Sheet</p> <p><input type="checkbox"/> Inf. Discl. Statement, PTO Form 1449</p> <p><input type="checkbox"/> References Cited</p> <p><input type="checkbox"/> Priority Document(s) #</p> <p><input type="checkbox"/> Copy of Notice to File Missing Parts</p> <p><input type="checkbox"/> Amendment/Response</p> <p><input type="checkbox"/> Petition for Ext. of Time (x2)</p> <p><input type="checkbox"/> Issue Fee Transmittal</p> <p><input type="checkbox"/> Letter to Official Draftsperson</p> <p><input type="checkbox"/> Notice of Appeal</p> <p><input type="checkbox"/> Brief (x3)</p> <p><input type="checkbox"/> Check for \$ _____ Check # _____</p> <p><input type="checkbox"/> Transmittal Letter (x2)</p> <p><input type="checkbox"/> Cert. of Mailing under 37 CFR 1.8(a)</p> |
|--|--|

☒ Other Application Data Sheet

DATE MAILED February 4, 2002

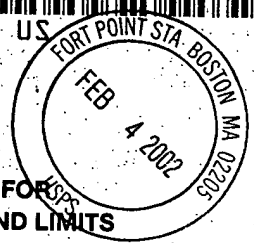
EL844514227US



POST OFFICE
TO ADDRESSEE



EL 844514227 US



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F August 2000

| | | |
|--|--|--|
| ORIGIN (POSTAL USE ONLY) | | |
| PO ZIP Code <u>02205</u> | Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date in <u>2 4 02</u> | <input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM | Postage \$ |
| Time in <u>1150</u> AM <input checked="" type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee |
| Weight <u>1</u> lbs. <u>1</u> ozs. | Int'l Alpha Country Code | COD Fee Insurance Fee |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials <u>AS</u> | Total Postage & Fees \$ <u>16.25</u> |

| | |
|---|--------------------|
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. | |
| NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Customer Signature |

| | |
|---|--|
| CUSTOMER USE ONLY | |
| METHOD OF PAYMENT: Express Mail Corporate Acct. No. | |
| FROM: (PLEASE PRINT) WOLF GREENFIELD & SACKS FEDERAL RESERVE PLAZA 600 ATLANTIC AVE BOSTON MA 02210-2206 Carole A. Berlitz H0649/7001 2/4/02 | |

| | |
|--|--|
| Federal Agency Acct. No. or Postal Service Acct. No. | |
| TO: (PLEASE PRINT) COMMISSIONER FOR PATENTS WASHINGTON DC 20231-0001 Box Patent Application | |

